

Annual Comprehensive Diabetes Foot Exam Form

Name _____ DOB _____ Date _____

Wt _____ Ht _____ BP _____ Pulse _____ Temp _____ BMI _____ Allergies _____

Interview

Current/Past History

- ☐ Current tobacco user
- ☐ History of tobacco use – Last used tobacco products _____
- ☐ Ulcerations
- ☐ Charcot joint
- ☐ Cardiovascular disease
- ☐ Vascular surgery
- ☐ Angioplasty
- ☐ Hx of foot amputations (date, side, level) _____

☐ Other foot surgeries (specify) _____

- ☐ DM Type 1 Yr Dx'd w _____
- ☐ DM Type 2 ☐ Diet only ☐ Oral meds
- ☐ Requires insulin

Comments: _____

Symptoms

Neuropathic sx:

- ☐ Burning or shooting pain, electrical or sharp sensations, etc.
- ☐ Numbness, tingling
- ☐ Sweating of feet
- ☐ _____

Vascular sx:

- ☐ Pain in calf muscles when walking that is relieved with rest
- ☐ Pain in feet, especially at night, that is improved by hanging them over the side of the bed
- ☐ Pain at rest
- ☐ Swelling in legs
- ☐ "End of the Day Achy Syndrome"
- ☐ Nonhealing ulcer
- ☐ _____

Comments: _____

DM Complications

- ☐ Renal (dialysis, transplant)
- ☐ Retinal (visual impairment)
- ☐ _____

Comments: _____

Self Care

- ☐ Able to see the bottom of feet (visually/mobility)? _____
- ☐ Wears special shoes or told needs special foot wear?
- ☐ Checks feet daily
- ☐ Able to trim own nails or has trained, Reliable person trimming nails
- Ambulation: ☐ Unlimited ☐ Community ☐ Homebound ☐ Non-ambul

Comments: _____

Clinical Findings

Derm: (use key and diagram in right column)

- ☐ Skin of lower legs thin, fragile, shiny, brawny, thickened, hairless, edema, etc _____
- ☐ Presence of dryness, fissures, cracking, skin thickening
- ☐ Areas of abnormal erythema ☐ Temp differences
- ☐ Sweating of feet ☐ Presence of ulcers
- ☐ Callus(es) ☐ Callus(es) with hemorrhage
- ☐ Maceration between toes ☐ Fungal infection
- ☐ Nails thick, discolored, dysmorphic – circle abnormal nails on diagram in right column
- ☐ _____

Musculoskeletal Deformities:

	L	R
<input type="checkbox"/> Bunions (Hallus Valgus)		
<input type="checkbox"/> Hammer toes		
<input type="checkbox"/> Foot drop		
<input type="checkbox"/> Claw toes		
<input type="checkbox"/> Prominent metatarsal heads		
<input type="checkbox"/> Charcot foot		
<input type="checkbox"/> Muscle wasting/guttering between metatarsals		
<input type="checkbox"/> Other:		

Measure, draw in, label foot abnormalities. Use following key for skin conditions: C = Callus U = Ulcer PU = Pre-ulcer
D = Dryness F = Fissure M = Maceration
R = Redness S = Swelling T = Tinea



Right



Left

Comments: _____

(Con't on back)

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Name _____ DOB _____

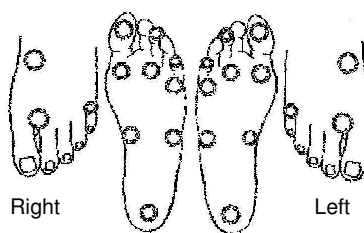
Clinical Findings Cont'd

Vascular: ABI's if absent pulses or positive vascular sx (page 1)

Palpable Pedal Pulses	L	R
Posterior tibial		
Dorsalis Pedis		
Ankle/Brachial Pulses (if indicated)	L	R
Ankle		
Brachial		
ABI		

ABI Interpretation: > 1.30 non-compressible; 0.91-1.30 normal; 0.41-0.90 mild to moderate PAD; 0.00-0.40 severe PAD (N Engl J Med, 344:21, 1608-1621)

Comments:



Neurological: Exam includes monofilament test plus one of the four additional sensory exams.

Sensory Foot Exam: Label sensory level with a "+" if the patient can feel the 5.07 (10 gram) monofilament and "-" if the patient cannot feel the filament

Add'l Neuro Exams:	L	R
<input type="checkbox"/> Vibratory sensation (plantar hallux)		
<input type="checkbox"/> Pinprick sensation (dorsal hallux)		
<input type="checkbox"/> Ankle reflex (Achilles tendon)		
<input type="checkbox"/> VPT (plantar hallux)		

Assessment

Risk Categorization(per LEAP program)/Foot Pathology

Risk Category	Definition
<input type="checkbox"/> 0	No LOPS, no PAD, no deformity
<input type="checkbox"/> 1	LOPS ± deformity
<input type="checkbox"/> 2	PAD ± LOPS
<input type="checkbox"/> 3	Hx of ulcer or amputation

1. _____
2. _____
3. _____
4. _____

LEAP: Lower Extremity Amputation Prevention(www.hrsa.gov/leap)

LOPS: Loss of protective sensation

PAD: Peripheral Arterial Disease

Education:

- | | |
|--|---|
| <input type="checkbox"/> Ed of preventive foot care | <input type="checkbox"/> Smoking cessation counseling |
| <input type="checkbox"/> Ed of other DM Self-care | <input type="checkbox"/> Other: |
| <input type="checkbox"/> A1c | |
| <input type="checkbox"/> Diet, basic | |
| <input type="checkbox"/> Exercise, basic | |
| <input type="checkbox"/> Self blood sugar monitoring | |
| <input type="checkbox"/> Medications | |

Follow-up:

- | | |
|--|-------------|
| <input type="checkbox"/> Schedule follow-up visit: | When? _____ |
| <input type="checkbox"/> w/RN foot specialist | For? _____ |
| <input type="checkbox"/> PCP – disease management | |

Plan

Medical Management

Referral:

- | | |
|--|---|
| <input type="checkbox"/> Primary Care Provider | <input type="checkbox"/> Diabetic Educator |
| <input type="checkbox"/> Endocrinologist | <input type="checkbox"/> RN Foot Specialist |
| <input type="checkbox"/> Podiatrist | <input type="checkbox"/> Medical Nutrition Specialist |
| <input type="checkbox"/> Surgeon, ankle/foot | <input type="checkbox"/> OT |
| <input type="checkbox"/> Surgeon, vascular | <input type="checkbox"/> Orthotist |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Pedorthist |
| | <input type="checkbox"/> PT |
| | <input type="checkbox"/> Rehab. Specialist |

Signature: _____